



Effective October 1, 1997

Application or Docket Number

8/943511

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | |
|--|--|---|----------------|--|--------------|------------------|-------------------|------------------------|----------------------------|---------------------|------------------------|
| FOR | | NUMBE | MBER FILED | | NUMBER EXTRA | | RATE | FEE | | RATE | FEE |
| BASI | C FEE | | | | | | | 395.00 | OR | | 790.00 |
| TOTA | AL CLAIMS | 1 | g minus | s 20 = * | * | | x\$11= | | OR | x\$22= | 337 |
| INDE | PENDENT CLA | AIMS | 2 minus 3 = * | | * / | | x41= | | OR | x82= | () |
| MULTIPLE DEPENDENT CLAIM PRESENT +1 | | | | | | | | ; | OR | +270= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL | | | | | | | | OR | TOTAL | 1900 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | SMAL | OR | OTHER THAN | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBE PREVIOUS PAID FO | R SLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | x\$11= | | OR | x\$22= | |
| | Independent | ndependent * | | *** | | = | x41= | | OR | x82= | |
| ۷ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +135= | | OR | +270= | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | L E | OR | TOTAL ADDIT. FEE | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | eller eller | HIGHES NUMBE PREVIOUS PAID FO | R SLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | x\$11= | | OR | x\$22= | |
| | Independent | * | Minus | *** | | = | x41= | | OR | x82= | |
| ٧ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +135= | | OR | +270= | |
| (Column 1) (Column 2) (Column 3) | | | | | | | TOTA ADDIT. FE | | OR | TOTAL ADDIT. FEE | |
| AMENDMENT C | in | CLAIMS REMAINING AFTER AMENDMENT | . Fr. | HIGHES NUMBE PREVIOUS PAID FO | R SLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | x\$11= | | OR | x\$22= | |
| | Independent | * | Minus | *** | | = | x41= | | OR | x82= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= | | | | | | | | OR | +270= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |